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Patent and Trademark Office: U.S. Department of Commerce

0001/PTO Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office	Application Number	10/714,316
		Filing Date	01/19/2004
		First Named Inventor	Michael Elkis
		Group Art Unit	3722
		Examiner Name	Eric A. Gates
		Attorney Docket Number	4864-00020

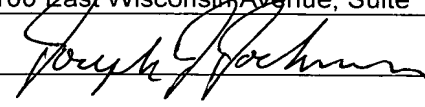
TRANSMITTAL FORM
(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission	14
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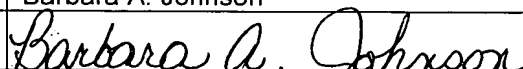
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<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After final <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement/PTO-1449 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37.1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Checklist and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> After Allowance Communication To Group <input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (Please identify below) <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Return receipt postcard Declaration </div>
<div style="border: 1px solid black; padding: 5px; height: 100px;"> Remarks </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Or Individual Name	Joseph J. Jochman, Reg. No. 25,058 ANDRUS, SCEALES, STARKE & SAWALL, LLP 100 East Wisconsin Avenue, Suite 1100, Milwaukee, WI 53202
Signature	
Date	December 13, 2005

CERTIFICATE OF MAILING

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Signature		Date	12/13/2005



PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**\$450.00****Complete if Known**

Application Number	10/714,316
Filing Date	01/19/2004
First Named Inventor	Michael Elkins
Examiner Name	Eric A. Gates
Art Unit	3722
Attorney Docket No.	4864-00020

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☐ Deposit Account Deposit Account Number: 01.2000 Deposit Account Name: Andrus, Scealess, Starke & Sawall, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims - 20 = 0 Extra Claims Fee (\$)0 Fee Paid (\$)\$0.00
HP = highest number of total claims paid for, if greater than 20

Indep. Claims - 3 = 0 Extra Claims Fee (\$)0 Fee Paid (\$)\$0.00
HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = 0 Extra Sheets **Number of each additional 50 or fraction thereof** / 50 = 0 Fee (\$)0 Fee Paid (\$)\$0.00
(round up to a whole number) x

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Extension of Time

Fees Paid (\$)

\$450.00

SUBMITTED BY

Signature	<u>Joseph J. Jochman</u>	Registration No. (Attorney/Agent)	<u>25,058</u>	Telephone	<u>414-271-7590</u>
Name (Print/Type)	<u>Joseph J. Jochman</u>			Date	<u>12/13/2005</u>

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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